

County: Monroe
SPARTA NURSING HOME
310 WEST MAIN STREET

Facility ID: 8480

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SPARTA 54656 Phone:(608) 269-3168
Operated from 1/1 To 12/31 Days of Operation: 365
Operate in Conjunction with Hospital? Yes
Number of Beds Set Up and Staffed (12/31/02): 30
Total Licensed Bed Capacity (12/31/02): 30
Number of Residents on 12/31/02: 27

Ownership: Nonprofit Limited Liability Company
Highest Level License: Skilled
Operate in Conjunction with CBRF? No
Title 18 (Medicare) Certified? Yes
Title 19 (Medicaid) Certified? Yes
Average Daily Census: 29

Services Provided to Non-Residents		Age, Sex, and Primary Diagnosis of Residents (12/31/02)				Length of Stay (12/31/02)		%
Home Health Care	No	Primary Diagnosis	%	Age Groups	%	Less Than 1 Year		40.7
Supp. Home Care-Personal Care	No	-----		-----		1 - 4 Years		29.6
Supp. Home Care-Household Services	No	Developmental Disabilities	0.0	Under 65	3.7	More Than 4 Years		29.6
Day Services	No	Mental Illness (Org./Psy)	14.8	65 - 74	3.7			-----
Respite Care	No	Mental Illness (Other)	18.5	75 - 84	25.9			100.0
Adult Day Care	No	Alcohol & Other Drug Abuse	0.0	85 - 94	48.1	*****		
Adult Day Health Care	No	Para-, Quadra-, Hemiplegic	3.7	95 & Over	18.5	Full-Time Equivalent		
Congregate Meals	No	Cancer	0.0		-----	Nursing Staff per 100 Residents		
Home Delivered Meals	No	Fractures	0.0		100.0	(12/31/02)		
Other Meals	No	Cardiovascular	18.5	65 & Over	96.3	-----		
Transportation	No	Cerebrovascular	7.4		-----	RNs		14.7
Referral Service	No	Diabetes	11.1	Sex	%	LPNs		6.8
Other Services	No	Respiratory	0.0	-----		Nursing Assistants,		
Provide Day Programming for		Other Medical Conditions	25.9	Male	14.8	Aides, & Orderlies		
Mentally Ill	No		-----	Female	85.2			
Provide Day Programming for			100.0		-----			
Developmentally Disabled	No				100.0			

Method of Reimbursement

			Medicare (Title 18)			Medicaid (Title 19)			Other			Private Pay			Family Care			Managed Care			Total	%
Level of Care			No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	No.	%	Per Diem (\$)	Resi- dents	Of All
Int. Skilled Care	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Skilled Care	3	100.0	235			13	86.7	110	0	0.0	0	9	100.0	144	0	0.0	0	0	0.0	0	25	92.6
Intermediate	---	---	---			2	13.3	90	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	2	7.4
Limited Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Personal Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Residential Care	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Dev. Disabled	---	---	---			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Traumatic Brain Inj	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Ventilator-Dependent	0	0.0	0			0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0	0	0	0.0
Total	3	100.0				15	100.0		0	0.0		9	100.0		0	0.0		0	0.0		27	100.0

Admissions, Discharges, and Deaths During Reporting Period						Percent Distribution of Residents' Conditions, Services, and Activities as of 12/31/02				

Percent Admissions from:						Activities of	%	% Needing Assistance of	% Totally	Total
						Daily Living (ADL)	Independent	One Or Two Staff	Dependent	Number of Residents
Private Home/No Home Health	13.6					Bathing	11.1	66.7	22.2	27
Private Home/With Home Health	0.0					Dressing	18.5	59.3	22.2	27
Other Nursing Homes	9.1					Transferring	18.5	74.1	7.4	27
Acute Care Hospitals	45.5					Toilet Use	14.8	70.4	14.8	27
Psych. Hosp.-MR/DD Facilities	0.0					Eating	63.0	29.6	7.4	27
Rehabilitation Hospitals	31.8					*****				
Other Locations	0.0					Continence		%	Special Treatments	%
Total Number of Admissions	22					Indwelling Or External Catheter		7.4	Receiving Respiratory Care	18.5
Percent Discharges To:						Occ/Freq. Incontinent of Bladder		40.7	Receiving Tracheostomy Care	0.0
Private Home/No Home Health	20.8					Occ/Freq. Incontinent of Bowel		25.9	Receiving Suctioning	0.0
Private Home/With Home Health	4.2					Mobility			Receiving Ostomy Care	3.7
Other Nursing Homes	4.2								Receiving Tube Feeding	0.0
Acute Care Hospitals	0.0					Physically Restrained		0.0	Receiving Mechanically Altered Diets	51.9
Psych. Hosp.-MR/DD Facilities	4.2					Skin Care			Other Resident Characteristics	
Rehabilitation Hospitals	0.0								Have Advance Directives	100.0
Other Locations	0.0					With Pressure Sores		3.7	Medications	
Deaths	66.7					With Rashes		0.0	Receiving Psychoactive Drugs	81.5
Total Number of Discharges										
(Including Deaths)	24									

Selected Statistics: This Hospital-Based Facility Compared to Similar Facilities & Compared to All Facilities

	This Facility	Other Hospital-Based Facilities		All Facilities	
	%	%	Ratio	%	Ratio
Occupancy Rate: Average Daily Census/Licensed Beds	96.7	87.4	1.11	85.1	1.14
Current Residents from In-County	96.3	84.3	1.14	76.6	1.26
Admissions from In-County, Still Residing	45.5	15.2	2.99	20.3	2.24
Admissions/Average Daily Census	75.9	213.3	0.36	133.4	0.57
Discharges/Average Daily Census	82.8	214.2	0.39	135.3	0.61
Discharges To Private Residence/Average Daily Census	20.7	112.9	0.18	56.6	0.37
Residents Receiving Skilled Care	92.6	91.1	1.02	86.3	1.07
Residents Aged 65 and Older	96.3	91.8	1.05	87.7	1.10
Title 19 (Medicaid) Funded Residents	55.6	65.1	0.85	67.5	0.82
Private Pay Funded Residents	33.3	22.6	1.47	21.0	1.58
Developmentally Disabled Residents	0.0	1.5	0.00	7.1	0.00
Mentally Ill Residents	33.3	31.3	1.06	33.3	1.00
General Medical Service Residents	25.9	21.8	1.19	20.5	1.26
Impaired ADL (Mean)*	45.2	48.9	0.92	49.3	0.92
Psychological Problems	81.5	51.6	1.58	54.0	1.51
Nursing Care Required (Mean)*	9.7	7.4	1.31	7.2	1.35